

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005356

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 65yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O.A. St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 5325 Sawyer	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Edward McDowell		4. DATE OF DEATH Month Day Year Feb 26, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 24, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Airport	
11. BIRTHPLACE (City and state or country) Oklahoma City Okla.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel McDowell		13b. MOTHER'S MAIDEN NAME Susan Morris	
14. NAME OF HUSBAND OR WIFE Hattie McDowell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates or no) no	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Address Hattie McDowell, St. Joseph, Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended Death - Apparently Natural Causes - Investigated by the City Health Department. Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/26/63 to 2/26/63 and last saw her him alive on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Robert W. Kiehn, M.D. City Health Office		22b. ADDRESS St. Joseph, Mo	
22c. DATE SIGNED 3-6-63		23. NAME OF CEMETERY OR CREMATORY #6 Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/28/63	
23c. LOCATION (City, town, or county) Fraser Mo		23d. DATE RECD. BY LOCAL REG. Mar. 12, 1963	
24. FUNERAL DIRECTOR James E. Joseph		25. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R.W. Kiehn, M.D. MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

If this body is not embalmed, fact should be so stated above.